

**VOLUNTARY LEAVE TRANSFER PROGRAM
LEAVE TRANSFER AUTHORIZTION**

Authority for solicitation of SSN is executive order 9397. SSN will be used for position identification. Disclosure of this information is voluntary; however, failure to disclose will prohibit you from donating leave. Information regarding your grade and annual salary is requested because of reporting requirements established by OPM for their evaluation of the program.

I wish to transfer hours of annual leave from my annual leave account to the leave account of

I understand that the leave I volunteer to transfer will be transferred effective the beginning of the first pay period after the receipt of this authorization by the civilian payroll office. I affirm that this leave is given freely without any promise of benefit or without being threatened by reprisal if I fail to make this donation.

NOTE: Only employees approved for participating in the temporary leave sharing program may receive donated leave. You may NOT transfer annual leave to your immediate supervisor.

FULL NAME (Print):

SSN:

Pay Plan and Grade (GS/GS/WG):

Annual Salary:
\$

A portion (or all) of the annual leave authorized for transfer by me was "use or lose" leave: ☐ Yes ☐ No

If "yes," approximately how many of the hours authorized for transfer were "use or lose?"

ORGANIZATION

SIGNATURE

DATE

NOTE: Regulations established by Office of Personnel Management (OPM) for the Voluntary Leave Transfer Program require that donations of leave be authorized in writing by the donor.

YOUR PARTICIPATION AND COOPERATION ARE APPRECIATED!

Please return completed form to: Directorate of Civilian Personnel, ATTN: Voluntary Leave Transfer Program (VLTP), Fort Sill Oklahoma 73503. DCP will forward to your servicing civilian payroll office. Direct questions regarding this program or this form to DCP, 442-5259.